AMENDED IN ASSEMBLY AUGUST 22, 2014 AMENDED IN ASSEMBLY AUGUST 18, 2014 AMENDED IN SENATE MAY 5, 2014

SENATE BILL

No. 1004

Introduced by Senator Hernandez (Coauthor: Senator Wolk)

February 13, 2014

An act to add Section 14132.75 to the Welfare and Institutions Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

SB 1004, as amended, Hernandez. Health care: palliative care.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits, including hospice benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. *One of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed health care plans*.

Existing law requires the department to develop, as a pilot project, a pediatric palliative care benefit to evaluate whether, and to what extent, such a benefit should be offered under the Medi-Cal program. Existing law requires that the pilot project be implemented only to the extent that federal financial participation is available, and requires the department to submit a waiver application for federal approval.

Existing law requires that beneficiaries eligible to receive the pediatric palliative care benefit be under 21 years of age, and allows the department to further limit the population served by the project to make

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the above evaluation. Existing law requires that the services available under the project include those types of services that are available through the Medi-Cal hospice benefit, and certain other services.

This bill would require the department to develop a palliative care benefit under the Medi-Cal program. establish standards and provide technical assistance for Medi-Cal managed care plans to ensure delivery of palliative care services, which would include specified hospice services and any other services determined appropriate by the department. The bill would require that authorized providers include licensed hospice agencies and home health agencies licensed to provide hospice care, subject to criteria developed by the department for provider participation, care that are contracted with Medi-Cal managed care plans to provide palliative care services. This bill would require the department, to the extent practicable, to structure the delivery of the palliative care benefit in a manner that is projected to be ensure that the delivery of palliative care services under these provisions is provided in a manner that is cost neutral to the General Fund on an ongoing basis. The bill would also require the department, before implementing the benefit, to provide the fiscal and appropriate policy committees of the Legislature with estimates of costs and projected savings associated with providing the benefit. This bill would authorize the department to implement these provisions through all plan letters or similar instructions.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 14132.75 is added to the Welfare and 2 Institutions Code, to read:
- 3 14132.75. (a) In enacting this section, it is the intent of the 4 Legislature that palliative care include, but not be limited to, all 5 of the following:
- 6 (1) Specialized medical care and emotional and spiritual support 7 for people with serious advanced illnesses.
 - (2) Relief of symptoms, pain, and stress of serious illness.

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- 9 (3) Improvement of quality of life for both the patient and 10 family.
- 11 (4) Appropriate care for any age and for any stage of serious 12 illness, along with curative treatment.

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(b) The department, in consultation with interested stakeholders, shall develop a palliative care benefit under the Medi-Cal program. establish standards and provide technical assistance for Medi-Cal managed care plans to ensure delivery of palliative care services.

- (c) Services covered under the palliative care benefit Covered services shall include, but are not limited to, those types of services that are available through the Medi-Cal hospice benefit. The benefit These services shall also include the following services, following, regardless of whether those these services are covered under the Medi-Cal hospice benefit:
- (1) Hospice services that are provided at the same time that curative treatment is available, to the extent that the services are not duplicative.
- (2) Hospice services provided to individuals whose conditions may result in death, regardless of the estimated length of the individual's remaining period of life.
- (3) Any other services that the department determines to be appropriate.
- (d) The department, in consultation with interested stakeholders, shall-determine *establish guidance on* the medical conditions and prognoses that render a beneficiary eligible for the benefit. *palliative care services*.
- (e) Providers authorized to provide services shall include licensed hospice agencies and home health agencies licensed to provide hospice care, subject to criteria developed by the department for provider participation. care that are contracted with Medi-Cal managed care plans to provide palliative care services.
- (f) The department shall, to the extent practicable, structure the delivery of the palliative care benefit in a manner that is projected to be ensure that the delivery of palliative care services under this section is provided in a manner that is cost neutral to the General Fund on an ongoing basis. Before implementing the palliative care benefit developed pursuant to this section, the department shall provide the fiscal and appropriate policy committees of the Legislature with estimates of costs and projected savings associated with providing the benefit.
- (g) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement the provisions of this section by

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means of provider bulletins all plan letters or similar instructions, without the adoption of regulations. The department shall notify stakeholders and the fiscal and appropriate policy committees of the Legislature of its intent to issue-a provider bulletin all plan letters or other similar instruction at least five days instructions prior to issuance.

- (h) (1) Nothing in this section shall result in the elimination or reduction of any covered benefits or services under the Medi-Cal program.
- (2) This section shall not affect an individual's eligibility to receive, concurrently with the benefit services provided for in this section, any services, including home health services, for which the individual would have been eligible in the absence of this section.